Arkansas Psychological Association's Activities in Federally Funded Health Care Reform Initiative:
Arkansas Payment Improvement Initiative (APII)

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APII is a federally funded joint initiative with AR Gov. Beebe and Sec. Kathleen Sebelius to achievement payment reform in several initial diagnostic areas, including behavioral health (ADHD specifically), pregnancy, diabetes, and hip and knee replacement, among others. This initiative is a joint effort not only with HHS but also AR Centers for Medicaid and AR BCBS. BCBS may adopt aspects of plans created through this initiative. The goal of the initiative is to move away from fee for service care to episodic care packages with "retrospective reimbursement" to Principal Accountable Providers (PAPs). Gov. Beebe's intention is to make this payment reform a model to be replicated nationally for other states.

The official website for this initiative is www.paymentinitiative.org. Another source of information is www.archildpsych.com, a blog about the APII activities and ADHD payment reform.

13.1% of AR youth ages 4-17 have been diagnosed with ADHD (National Survey of Children's Health, 2007). 6.5% of youth ever having an ADHD diagnosis receive medication treatment, which is among the highest rates in the nation (CDC, 2003). These children currently receive treatment through private practitioners (LMHPs) and through public and private agencies and community mental health centers (RSPMIs). Over $100M Medicaid dollars were spent on ADHD-related primary diagnoses in FY2010. Paraprofessionals constitute over half of the treatment dollars for ADHD. Paraprofessionals provide case management, group treatment, and some individual and family treatment. The goal is to eliminate wasteful or inefficient care that is not considered "guideline concordant care."

All clinical areas in this reform initiative have open workgroups with core workgroups within each one making final decisions. Composition of workgroups was determined by chairs or co-chairs of those workgroups last summer/fall (2011). The APII activities and a call to join workgroups were publicized through AR HC stakeholder meetings in August of 2011. ArPA's ED informed ArPA about the ADHD workgroup because she was attending stakeholder meetings. The APII is being orchestrated by a consulting firm, McKinsey, out of DC and Atlanta. Consultants have been assembling Medicaid data and state statistics on the initial 9 diagnostic areas. Consultants manage communications among workgroup members, facilitate meetings, and create documents detailing emerging versions of episodic care packages.

ADHD was selected as a "tracer" behavioral health diagnosis, because ADHD treatment constitutes the highest rate of Medicaid spend for children in our state. The co-chairs of the workgroup are the director of policy at DHS, and the chair of the psychiatry department at UAMS.

Events	ArPA Response	Suggestions for SPTAs
1st workgroup (wg) is scheduled for Nov 7, 2011. Documents outlining initiative are posted online.	ArPA assembles a team of AR child psychologist experts, reviews best practices of ADHD dx and tx, and consults with Russell Barkeley to prepare for initial workgroup. We designate a treatment guideline expert, Dr. Adam Benton. Initial working draft of Episodic Care Package (ECP) utilizes American Psychiatric Association and American Acad. of Child and Pediatric guidelines only. Our team uses CADDRA guidelines to inform our recommendations.	Assemble psychologist team from different provider settings (CMHCs, private practice, hospitals) with expertise in targeted diagnostic category. Know your SPTA members, know their specialties, and know where they are located in your state. At wg, have a game plan of who will field what. Make yourselves visible, use your title, sit in front, anticipate 100 people in a room. Be comfortable with public speaking. Consult with Div 31 HCTF and APAPO to see if similar efforts are occurring in other states to guide your action steps.
First Workgroup Occurs Nov 7th. We discover that there is a core wg making decisions at a head table, and big wg in room for public comment. Core WG does not have a clinical psychologist that is currently functioning in a clinical role. Clearly, preliminary work occurred prior to Nov. 7th, and we were not involved.	ArPA insists that a psychologist must be on core wg. Consultant agrees, but she planned to allow co-chairs to choose psychologist (a DHS policy director and psychiatrist). I insist that psychologists select the best psychologist for the core workgroup, and Dr. Adam Benton is selected.	Anticipate that what looks like "the table" may not actually be "the decision making table." Learn who is in charge, what might be underlying agendas and misperceptions (e.g., psychologists want to do elaborate assessments on all children), and how people are selected to be on core wgs.
Goals are reviewed in 1st workgroup: reduce wasteful, inefficient care and promote coordinated, medically necessary care in treatment of children with ADHD in state system.	Some discussion occurs about assessment and dx of ADHD. ArPA advocates best psychological practices, but bias exists towards pediatrician interview as sufficient for making ADHD dx.	Anticipate different definitions of "assessment" and be prepared to clarify best practices of psychological assessment.
Next big workgroup is scheduled for Dec 14th.	ArPA offers to conduct an educational session on psychological assessment for core workgroup members. Training is scheduled for January with workgroup co-chairs.	Offer trainings to educate policy makers about assessment, which is poorly understood outside of psychology.

December 14: second big workgroup. Again, assessment is not included in treatment package. Parent training is not included in treatment package. More detailed discussion occurs about broadband and narrowband instruments for ADHD dx available for pediatricians to use.	ArPA advocates again for inclusion of assessment in treatment package. Medical Director of DHS asked how much assessment costs. ArPA proposes an independent assessment bundle if package will not include assessment. After meeting, I invite DHS Medical Director to attend our assessment training, and he accepts invitation.	Strategically place yourselves near people. I was sitting in front of Dr. Golden and was able to have an impromptu meeting with him on the spot. Know who is who in the room. Otherwise, you may or may not be able to get a meeting with folks at the highest level. They are likely overseeing multiple reform activities and are spread thin.
January 20th: psychological assessment training occurs. Only one co-chair attends and DHS Medical Director attends, along with several deputy policy DHS people and new wg consultant. 7 psychologists present on best practices for ADHD dx and tx.	ArPA fields challenges to our presentation message by MD with our own data from other guidelines and clinical expertise.	Anticipate that whatever psychology presents will be scrutinized by other providers, especially physicians. Recognize philosophical differences between how MDs think (bottom line, medicate and see how it works) and psychologists think (thorough and accurate before medicating). Anticipate resistance to our approach because it's viewed as costly, and recognize scope of practice issues within medicine and within behavioral health in your state.
Early Feb: Adam Benton reports from core wg meeting that payment structure will be "retrospective reimbursement," with Principal Accountable Providers (PAPs) diagnosing, certifying, and managing bundled payment that is credited to PAP at outset of tx. Payment reconciliation occurs at end of year long ECP. Tx surplus goes to PAP, and tx overages are "eaten" by PAP. Core wg stipulates that only a pediatrician or child psychiatrist can be a PAP.	Dr. Benton challenges exclusion of psychologists as PAPs, without success. It appears to be a done deal. ArPA obtains legal consult from APAPO on Sherman Anti-Trust Act and unreasonable restraint to trade, and also AR's Any Willing Provider Law. According to APAPO, we'd have a hard time providing anti-trust activities, but we'd have a case for violation of AWP if BCBS were to adopt this plan.	Research your provider laws, such as an Any Willing Provider Law and anti-trust laws. Consider outreaching other provider groups and patient advocacy groups for public comment/outcry over unreasonable restraints to practice for providers who are already providing services in plan under their current scope of practice.

Leslie Riley, ArPA President, consults with AR Insurance commissioner about exclusion of psychologists as PAPS. Ins Coms offers to help us connect with surgeon general if necessary b/c of public harm of not including psychology as a point of entry into ADHD care, restricting parent choice, and restricting access to care.	At next core wg in mid-February, psychologists are listed as Co-PAPs. Psychologists can function as PAPs, but must have a physician co-PAP for splitting gains or losses.	Develop relationships in state government and with policy makers and educate them about psychology's role in behavioral healthcare. Have a sense of whom to turn to if things are unfavorable to psychologists, and if you are not making progress advocating within the workgroup.
March 14: Third Big Workgroup. ArPA psychologists are now all invited/escorted to sit at core workgroup table with no explanation. Parents in big wg challenge medication as being first line of treatment for all children with ADHD. Also, co-chair states that paraprofessionals will not have treatment roles, as they fall outside of "guideline concordant care." Assessment will remain fee for service.	ArPA is mostly quiet in this workgroup. We hope sitting at big table is significant. We will continue to advocate that the plan sufficiently treats children with ADHD. We will advocate for greater involvement from schools and parent advocacy groups to ensure that children receive adequate care. ArPA is pleased that assessment will remain fee for service.	Expect that shifts can occur and know that people may be listening to you more than you realize. Use your clinician hat and family systems theory when you learn more about the dynamics and possible underlying agendas. When you get what you want, stop talking for a while and reassess what's changed/improved.
Upcoming Events	**ArPA's Future Strategy**	**Recommendations for SPTAs**
PAPs will begin registering with Medicaid and will test certification portal and will receive training on reporting metrics. Additional workgroups to occur to finalized details of episodic care package (ECP).	Continue to challenge medication as sole treatment option for "simple" ADHD. Discuss flaws with psychiatric guidelines and advocate for more inclusive, evidence-based (not consensus-based) child-centered guidelines. Consult with APA about significant problem of lack of APA guidelines and negative impact on psychological practice in payment reform efforts.	Check Div 31 and APAPO websites for updates.